

QUARTERLY CONTRIBUTION RETURN AND REPORT OF WAGES (CONTINUATION)



State of California (CONTINUATION)	4 2 2		
Page number of You must FILE this report even if you had no payroll. If y			YR QTR
QUARTER 12 31 Ognolete Hems C and 01 02 10	DELINQUENT IF 01 3	31 10	D9 4
	OR RECEIVED BY		EMPLOYER ACCOUNT NO.
/005/03/LZIU			436 8685 6
(88°) 1 1 2		DO NOT	ALTER THIS AREA
		P1 C	T S W A
		Mo. Day	
DOWNTOWN CENTER BUSINESS			
IMPROVEMENT DISTRICT		A. EMPLOYEES full-time ar or received pay subject to	nd part-time who worked during Ul for the payroll period which
626 WILSHIRE BLVD #200 LOS ANGELES CA 90017		includes the 12th of the	
TOO MIGHTED ON SUUT!			
	L_I_		
B. Check this box if you are reporting <u>ONLY</u> Voluntary Plan Disability Insurance wages on this pag Report Personal Income Tax (PIT) Wages and PIT Withheld, if appropriate. (See instructions for		ROLL	
D. SOCIAL SECURITY NUMBER E. EMPLOYEE NAME (FIRST NAME)	(M.L.) (LAST NAME)		
			Manual Control of the
F. TOTAL SUBJECT WAGES JG PIT WAGES		H. PIT WITH	HELD
D. SOCIAL SECURITY NUMBER E. EMPLOYEE NAME (FIRST NAME)	(N(I.) (LAST NAME)	L.L.A.	
L I I I I I I I I I I I I I I I I I I I	H		
F. TOTAL SUBJECT WAGES G. PIT WAGES		н. РІТ W ПНІ	HELD
D. SOCIAL SECURITY NUMBER E. EMPLOYEE NAME (FIRST NAME)	(M.L.) (LAST NAME)	1	
F. TOTAL SUBJECT WAGES * DO NOT FILE TE	HIS PAGE *	A: PIT WITH	EL
	(ME) (LAST NAME)	L	
	PLOYEES *	The second secon	R. L.
F. TOTAL SUBJECT WAGES * REPORT TOTALS	* 100	H. PIT WITH	FLD ()
D. SOCIAL SECURITY NUMBER E. EMPLOYEE NAME (FIRST NAME)	(MI) (LAST NAME)	L L L	
TOTAL SUI/SDI WAGES THIS QUARTER	797	CONTRACTOR DESCRIPTION OF THE PROPERTY OF THE	283,183.47
E TOTAL SUBJECT WAGES OF LIMITS G. PIT WAGES		н. ріт wітн	13,635.50
D. SOCIAL SECURITY NUMBER E EMPLOYEE NAME (FIRST NAME)	(M.I.) (LAST NAME)		1 43,053.30
EXCESS SUI TAXABLE WAGES	GU HANE		269,547.97
SDI TXBL WAGES 90,669 LIMIT		н. ріт Wітні	200,335.68
D. SOCIAL SECURITY NUMBER E. EMPLOYEE NAME (FIRST NAME)	(M.I.) (LAST NAMĒ)	L	
NUMBER OF EMPLOYEES		And the second of the second o	16 🖺
F. TOTAL SUBJECT WAGES ***********************************	****	H. PIT WITH	HELD
		, LI	
I. TOTAL SUBJECT WAGES THIS PAGE ** ADPJ. TOS.L. PREASERON	SEBLE FOR E	TILING TATHLE	SHREPORT. **
<u> </u>	******	****	****
L. GRAND TOTAL SUBJECT WAGES M. GRAND TOTAL PIT WAGES		N. GRAND TOTAL PI	TWITHHELD
O. I declare that the information herein is true and correct to the best of my knowledge.	ledge and belief.		
Signature Required Title	Phone /	D	ate
Owner, Accountant, Preparer,	etc.) Phone ()	D	ale







CHARTERI V CONTRIBUTION



EDD Development Department	RETURN AND	REPORT OF	WAGES				
State of Calizornia		TINUATION)	la salbas				
Page number of Y	ou must FILE this report even	ur DE 9 and DE 9C if you had no payroll. If	you had no payroll,			YR	QTR
12 31 09	emplete Items C and 01	02 10	DELINQUENT IF 01	31	10	pg	4
QUARTER ENDED	DUE		NOT POSTMARKED OR RECEIVED BY				
	4/01785				<u></u>	MPLOYER ACCOUNT	NO .
/005/03/LZIU					_ 4 :	36 8685	6
					DO NOT ALTER	THIS AREA	all
					P1 C T	s w /	A
					Mo. Day Yr.	wi	c
					MO. Day II.	7 6	
DOWNTOWN CENTE				A E	MPLOYEES full-time and part-ti	me who worked durin	
IMPROVEMENT DI				or	received pay subject to UI for t		
626 WILSHIRE B LOS ANGELES CA				1st Ma	cludes the 12th of the month.	3rd Ma.	
LOS ANGELES CA	90017			T			
			<u>L</u>	ш			Ш
Check this box if you are report	ing ONLY Voluntary Plan Disability	Insurance wages on this pa	DB				
	T) Wages and PIT Withheld, if app			PAYROLL			
D. SOCIAL SECURITY NUMBER	E. EMPLOYEE NAME (FIRE	ST NAME)	(M.I.) (LAST NAME)				
535 60 2768	DIANNA	IKI I	ANDERS	ON	500 000 000 000 000 000 000 000 000 000	WATER TO THE PERSON NAMED IN COLUMN	
F. TOTAL SUBJECT WAGES		G PIT AGES			H. PIT WITHHELD		
7 487 08	20 20 20 20 20 20 20 20 20 20 20 20 20 2	7 487 08	Parameter Parame		17 91		
D. SOCIAL SECURITY NUMBER	E. EMPLOYEE NAME (FIRS	ST NAME)	(N(I.) (LAST NAME)		Anna land and and and	7	
547 67 4800	ELLEEN		M OLCONN	ELL		200 PART 140 PART	
F. TOTAL SUBJECT WAGES		G. PIT WAGES		-	H. PIT WITHHELD		
8 464 93		8 379 02		A	222 13	-	
D. SOCIAL SECURITY NUMBER	E. EMPLOYEE NAME (FIR	T NAME)	(M.I.) (LAST NAME)			1 1 1 1 1	
547 77 2224	LETICIA		OROZCO) was		-	
F. TOTAL SUBJECT WAGES	TTTTT	G. PITWAGES	c		A 21 EV		-
13 261 26		13 261 2	A 1 1 U 1		431 58		
548 53 9033	E EMPLOYEE NAME (FIRS	ET NAME)	PANG	T		THI	
	LIERWAN		A FANG			الثال	1
F. TOTAL SUBJECT WAGES		g. PITWAGES 0		areactoring	764 48		K
D. SOCIAL SECURITY NUMBER	E. EMPLOYEE NAME (FIR		(M.I.) (LAST NAME)	-		<u></u>	11/
555 85 9090	JACOB	ST NAME)	C HOLLOW	AY			T
F. TOTAL SUBJECT WAGES		G. PITWAGES			H. PIT WITHHELD		
16 099 65		16 099 6	5		879 73		
D. SOCIAL SECURITY NUMBER	E. EMPLOYEE NAME (FIRE	ST NAMED	(M.I.) (LAST NAME)				i
558 17 5643	MICHAEL		G CLARK				
E TOTAL SUBJECT WAGES		S PIT WAGES			H. PIT WITHHELD	MILL	li
F. TOTAL SUBJECT WAGES 31 883 22		23 289 4	8		911 05	,	
D. SOCIAL SECURITY NUMBER	E. EMPLOYEE NAME (FIR	ST NAME)	(M.I.) (LAST NAME)		L Lahad S		
558 85 5406	JOHN		YANEZ			I N	,
F. TOTAL SUBJECT WAGES	-	G. PIT WAGES 18 210 4			H. PIT WITHHELD	<u> </u>	fd
18 210 47	Contract of the Contract of th	18 210 4	' IX		1 122 4	_	
La hamad hamad hamad hamad		I		77	Emand Named		3 1
1 18 656 61	PAGE	108 116	96		K. TOTAL PIT WITHHELD		
711 830 01	and the same of th	100 110	30 1 1 1	1	7 343 4		
L. GRAND TOTAL SUBJECT WAGES	м. с	GRAND TOTAL PIT WAGES			N. GRAND TOTAL PIT WITH	HELD	
					7	7	1000
O. I declare that the information	herein is true and correct	to the best of my know	vedge and belief			<u> </u>	
o. I decide that the information	THE STATE OF THE S	o and book of my know	go and bollon		ے ا	1	



Signature Required



(Owner, Accountant, Preparer, etc.) Phone ()



QUARTERLY CONTRIBUTION RETURN AND REPORT OF WAGES



State of California	(CON	(NOITAUNI			
	REMINDER: File your nust FILE this report even	if you had no payroll.	If you had no payroll,		YR QTR
QUARTER ENDED	DUE DUE	02 10	DELINQUENT IF 01 NOT POSTMARKED OR RECEIVED BY	31 10	09 4
ZIU/ /2012/4/	01785			Г	EMPLOYER ACCOUNT NO.
/005/03/LZIU				L	43 6 8 685 6
				The same little open states on a little open states of the same little open states of the sam	TER THIS AREA
				P1 C T	
				Mo. Day	Yr. WIC
DOWNTOWN CENTER IMPROVEMENT DIST				A. EMPLOYEES full-time and p	art-time who worked during
626 WILSHIRE BLV				or received pay subject to UI includes the 12th of the mo	for the payroll period which
LOS ANGELES CA			_	1st Mo. 2nd	No. 3rd Mo.
			L	L	
Check this box if you are reporting	ONIV Volumban, Blan Dissability	Incurance wages on this r	200		
B. Report Personal Income Tax (PIT) V				PAYROLL	
D. SOCIAL SECURITY NUMBER	E. EMPLOYEE NAME (FIR	STNAME	(M.I.) (LAST NAME)		
562 74 0840	LRONALD	K L	P COLCOL	H, PIT WITHHEL	
F. TOTAL SUBJECT WAGES	The second secon	14 279 5	8	359 64	
D. SOCIAL SECURITY NUMBER	E. EMPLOYEE NAME (FIR	L	(NLL) (LAST NAME)	ETAT	
570 75 9617	_L JUSTIN	PARTITION OF THE PARTITION OF T	T WELSS		
F. TOTAL SUBJECT WAGES		G. PIT WAGES		н. рт withhei 1 014	40
D. SOCIAL SECURITY NUMBER	E. EMPLOYEE NAME (FIR		(MI.) (LAST NAME)	4	14 11
571 35 3676	HAROLD	4	BASTIA	N (())	100 AND
F. TOTAL SUBJECT WAGES		G. PITWAGES	h I T I I I I	PIT WITH NEL	
D. SOCIAL SECURITY NUMBER	E. EMPLOYEE NAME (FIR	LIV	(MEL) (LAST NAME)	2 588	40
611 07 4963	CONNIE	CONTRACTOR	HWANG		THE ALL
F. TOTAL SUBJECT WAGES	1 L 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	G. PITWAGES		H. PIT WITHHEL	man and a second second and and and and and
16 016 00	Annual Company of the	L		897 94	
D. SOCIAL SECURITY NUMBER 611 09 0954	E. EMPLOYEE NAME (FIR	ST NAME)	(M.L.) (LAST NAME) RABER	56	
F. TOTAL SUBJECT WAGES		G. PIT WAGES		H. PIT WITHHEL	
9 721 16	The second secon	9 721 16		385 91	
D. SOCIAL SECURITY NUMBER	E. EMPLOYEE NAME (FIR	ST NAMES	(M.I.) (LAST NAME) Y CUI		
F. TOTAL SUBJECT WAGES		S FITWAGES TO		H. PIT WITHHEI	
6 635 50	ANAMAN ANAMANAN ANAMAN ANAMANA	6 635 50		131 92	
D. SOCIAL SECURITY NUMBER 613 92 7601	E. EMPLOYEE NAME (FIR	STNAME)	(M.I.) (LAST NAMĚ) J SANZ		
		O DETWOODS		L DIT WITHE	
F. TOTAL SUBJECT WAGES	Value of the second sec	G. PIT WAGES	00	H. PIT WITHHE 565 64	
I. TOTAL SUBJECT WAGES THIS PAGE		J. TOTAL PIT WAGES T	HIS PAGE	K. TOTAL PIT WITH	IELD THIS PAGE
115 353 50	On the state of th	f	86	5 943	85
		CDAND TOTAL CITIES		N GOAD TOTAL COLUMN	THUE D
L. GRAND TOTAL SUBJECT WAGES	M.	GRAND TOTAL PIT WAGE	2	N. GRAND TOTAL PIT W	MHHELD
O. I declare that the information he	erein is true and correct	to the best of my kno	wledge and belief.		H?
	•	,	•	ے	
Signature Required	Title		Phone ()	Date)







/005/03/LZIU

ZIU/

QUARTERLY CONTRIBUTION RETURN AND REPORT OF WAGES



(CONTINUATION) BEMINDER: File your DE 9 and DE 9C together.
You must FILE this report even if you had no payroll. If you had no payroll,
12 31 Ognolete Items C and 01 02 10 DELINQUENT IF QUARTER ENDED /2012/4/01785

DELINQUENT IF 01 31 10 NOT POSTMARKED OR RECEIVED BY

DOWNTOWN CENTER BUSINESS IMPROVEMENT DISTRICT 626 WILSHIRE BLVD #200 LOS ANGELES CA 90017

		EMPLOTER ALCOUNT NO.					
		_ 4	36 8	685	6		
	DO N	OT ALTE	RTHISA	REA			
P1	□ c[_ T	s W				
	Мо.	Day Yr.	_ ,	wı	c _		
		\mathbf{I}			- 1		
EMPLOY		me and part-t					
or receive		of the month.	he payroll pe	nod whic	h		

D. SOCIAL SECURITY NUMBER	E. EMPLOYEE NAME (FIRST NAME	(M.I.) (LAST NAMI	E)	·
616 22 1465	KENNETH	NAK	ANO	
F. TOTAL SUBJECT WAGES		WAGES	H. PIT WITHHELD	
L23 073 36		3 073 3/6	1 137 12	0.00
D. SOCIAL SECURITY NUMBER	E. EMPLOYEE NAME (FIRST NAME	E) (N.I.) (LAST NAMI	E	g
619 32 1765	ALEX		TTINSKI	
F. TOTAL SUBJECT WAGES	23	WAGES 3 737 50	1 656 84	
D. SOCIAL SECURITY NUMBER	E. EMPLOYEE NAME (F) PST NAME			
D. GOGIAL SECONITY NOMBER	E. EMPLOIZE NAME (PAST NAME	E) (M.I.) (LAST NAMI		
F. TOTAL SUBJECT WAGES	L J J J G. PIT	WAGES	THE WITH MELD	
		TKI' I I I I I I	L M	
D. SOCIAL SECURITY NUMBER	E. EMPLOYEE NAME (FIRST NAM)	E S (ME) (LAST NAMI		
F. TOTAL SUBJECT WAGES	G. PIT	WAGES	H. PIT WITHHELD)
				17
D. SOCIAL SECURITY NUMBER	E. EMPLOYEE NAME (FIRST NAME	E) (M.I.) (LAST NAM		
		7		
F. TOTAL SUBJECT WAGES	G. PIT	WAGES	H. PIT WITHHELD	
			20 57	
D. SOCIAL SECURITY NUMBER	E. EMPLOYEE NAME (FIRST NAME	(M.I.) (LAST NAMI	Ē ,	
L			4 N 🙈	
F. TOTAL SUBJECT WAGES	G. PIT	WAGES	H. PIT WITHHELD	
	L		L V 55	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
D. SOCIAL SECURITY NUMBER	E. EMPLOYEE NAME (FIRST NAME	E) (M.I.) (LAST NAMI	Ē)	
	LILI		<u> </u>	
F. TOTAL SUBJECT WAGES	G. PIT	WAGES	H. PIT WITHHELD	
I. TOTAL SUBJECT WAGES THIS P	AGE J. TOTA	AL PIT WAGES THIS PAGE	K. TOTAL PIT WITHHELD THIS PAGE	
49 173 36	46	810 86	∫	
<u> </u>		-L		
L. GRAND TOTAL SUBJECT WAGES	M. GRAND1	TOTAL PIT WAGES	N. GRAND TOTAL PIT WITHHELD	
O. I declare that the information h	nerein is true and correct to the b	est of my knowledge and belief.		
Signature Required	Title(Owner, Acco	ountant, Preparer, etc.) Phone () Date	









	ND REPORT OF WAGES ONTINUATION)		
REMINDER: F	File your DE 9 and DE 9C together. rt even if you had no payroll. If you had no payr	: 01 31 10 KED	EMPLOYER ACCOUNT NO.
DOWNTOWN CENTER BUSINES:	s	P1 C C EFFECTIVE Mo. Day	ALTER THIS AREA T S W A DATE Yr. WIC Judge Trime who worked during
IMPROVEMENT DISTRICT 626 WILSHIRE BLVD #200 LOS ANGELES CA 90017		or received pay subject to includes the 12th of the	Ul for the payroll period which
B. Check this box if you are reporting <u>ONLY</u> Voluntary Plan Di Report Personal Income Tax (PIT) Wages and PIT Withhele	isability Insurance wages on this page. Id, if appropriate. (See instructions for Item B.)	NO PAYROLL	
D. SOCIAL SECURITY NUMBER E. EMPLOYEE NAM F. TOTAL SUBJECT WAGES D. SOCIAL SECURITY NUMBER E. EMPLOYEE NAM E. TOTAL SUBJECT WAGES D. SOCIAL SECURITY NUMBER E. EMPLOYEE NAM E. TOTAL SUBJECT WAGES D. SOCIAL SECURITY NUMBER E. EMPLOYEE NAM E. TOTAL SUBJECT WAGES	G. PITWAGES G. PITWAGES G. PITWAGES L. (M.I.) (LAST NAI	H. PIT WITH	
D. SOCIAL SECURITY NUMBER E. EMPLOYEE NAM F. TOTAL SUBJECT WAGES D. SOCIAL SECURITY NUMBER E. EMPLOYEE NAM L F. TOTAL SUBJECT WAGES	G. PITWAGES		
D. SOCIAL SECURITY NUMBER E. EMPLOYEE NAI L F. TOTAL SUBJECT WAGES	ME (FIRST NAME) (M.I.) (LAST NA	ME) H. PIT WITH	HELD
I. TOTAL SUBJECT WAGES THIS PAGE	J. TOTAL PIT WAGES THIS PAGE	K. IGIAL PITWI	THHELD THIS PAGE
L GRAND TOTAL SUBJECT WAGES L 283 183 47	M. GRAND TOTAL PIT WAGES	N. GRAND JOTAL PI	TWITHHELD
O. I declare that the information herein is true and \propto Signature Required Title			July sale





MAIL TO: State of California / Employment Development Department / P.O. Box 989071 / West Sacramento CA 95798-9071

(Owner, Accountant, Preparer, etc.)

Phone (





EDD Employment Development Department	QUARTERL RETURN AND	Y CONTRI REPORT	IBUTION OF WAG	ES		
State of California		ITINUATIO				
Page number of	REMINDER: File y					
YOL	u must FILE this report even mplete Items C and 01	n if you had no pay	roll. If you had n	o payroli, ENT IF 01 31	10	þ9 4
QUARTER		02 10	NOT POS	TMARKED	10	
ENDED /2012/4	/01785		OR RECE	IVED BY		EMPLOYER ACCOUNT NO.
/005/03/LZIU	/01/03					36 8685 6
/003/03/11210					L1	ا دوماه ا مادن
					DO NOT ALTE	ER THIS AREA
					P1 C T	s w A
					Mo. Day Y	r. WIC
DOWNTOWN CENTER	DUCTNECC			,		п пт
IMPROVEMENT DIS					EMPLOYEES full-time and part	the who we dead during
				0	or received pay subject to UI for	r the payroll period which
626 WILSHIRE BL					ncludes the 12th of the month	
LOS ANGELES CA	90017			151)	Mo. 2nd Mo.	3rd Mo.
				L	L	
Check this box if you are reporting Report Personal Income Tax (PIT)) Wages and PIT Withheld, if ap	ly insurance wages on to opropriate. (See instruc	his page. tions for Item B.)	C. NO PAYROLI	L	
D. SOCIAL SECURITY NUMBER	E ENDLOWEE NAME (EII	0074445	0415 (146	NT NIABETS		
	E. EMPLOYEE NAME (FIF	AST NAME	(M.I.) (LAS		TITITI	
535 60 2768	DIANNA		The state of the s	NDERSON		
F. TOTAL SUBJECT WAGES		G. PITA AGES	1	T	H. PIT WITHHELD	
7 487 08	1		0.8		17 91	
D. SOCIAL SECURITY NUMBER	E. EMPLOYEE NAME (FIF	RST NAME)	(NCI.) (LA	9 1 1 8 1 2 1	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	TTTTT
547 67 4800	ELLEEN	MAN	M	CONNELL		
F. TOTAL SUBJECT WAGES		G. PIT WAGES			H. PIT WITHHELD	I impany for face
8 464 93			02		222 13	
D. SOCIAL SECURITY NUMBER	E. EMPLOYEE NAME (F)	RST NAME)	(M.I.) (LAS	Bearingson, bearing research recognitive second		hinner frances
547 77 2224	LETICIA	1		ROZCO		100
F. TOTAL SUBJECT WAGES		G. PITWAGES	.1	kkkkkk	PIT WITHHELD	z. dddddddd
13 261 26	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	13 261	26		431 58	
D. SOCIAL SECURITY NUMBER	E. EMPLOYEE NAME (FIR	RST NAME	5 (N() (LAS	T NAME)	الراسان ا	
548 53 9033	HERMAN	And the second	U I	PANG	district de la constitución de l	IN.
F. TOTAL SUBJECT WAGES		G. PIT WAGES			H. PIT WITHHELD	1101
23 250 00		21 390	00		764 48	I IIK
D. SOCIAL SECURITY NUMBER	E. EMPLOYEE NAME (FIF	RST NAME)	(M.I.) (LAS	TINAME	L	
555 85 9090	JACOB	TITIT		OLLOWAY		
F. TOTAL SUBJECT WAGES		G. PIT WAGES			H. PIT WITHHELD	
16 099 65		16 099	65		4 879 73	
D. SOCIAL SECURITY NUMBER 558 17 5643	E. EMPLOYEE NAME (FIF	ASA NAMB)	(M.I.) (LAS	LARK		
L	LTTTTI		4		4 1	
F. TOTAL SUBJECT WAGES		23 289	48		911 05	
						9 5
D. SOCIAL SECURITY NUMBER	E. EMPLOYEE NAME (FIII	RST NAME)	(M.I.) (LAS	ANEZ	777777	
	L					
F. TOTAL SUBJECT WAGES 18 210 47		18 210	47		1 122 4	11
10 210 3/		L 210		IN	1 122 4	
in hand, beautifunced hand		Yd	edhasarofflanomol	77. 1	time bound from d	seems (remain
1 1 0 CE C C1	NGE	J. TOTAL PIT WAGE			K. TOTAL PIT WITHHEL	personal process of the second second
118 656 61	accusion.	108 11	0 96		4 349 2	.9
1 ADAMO TATAL CUR ITATAMA		ODAND TOTAL DELL	1000		N COAND TOTAL DIT	HIELD
L. GRAND TOTAL SUBJECT WAGES	M.	GRAND TOTAL PIT W	AUES		N. GRAND TOTAL PIT WITH	TINELU TINELU
L, I J, I J, I		للللا		-		4 1 1 1
O. I declare that the information h	nerein is true and correct	to the best of my l	knowledge and	belief.		V



Signature Required



Title _____ Phone (



QUARTERLY CONTRIBUTION RETURN AND REPORT OF WAGES



State of California	(CONT	INUATION)			
Page number of You m	REMINDER: File you	ur DE 9 and DE 9C if you had no payroll. I	together. f you had no payroll,		YR QTR
12 31 0°9 ^{mpl}	ete Items C and 91	02 10	DELINQUENT IF 01 NOT POSTMARKED	31 10	p9 4
ZIU/ /2012/4/			OR RECEIVED BY		EMPLOYER ACCOUNT NO.
/005/03/LZIU					__ 43 6 8 685 6
				DO	NOT ALTER THIS AREA
				P1 🗆	C T S W A
				Mo.	Day Yr. WIC
DOWNTOWN CENTER	BUSINESS				
IMPROVEMENT DIST	RICT				full-time and part-time who worked during y subject to UI for the payroll period which
626 WILSHIRE BLV				includes the	2th of the month.
LOS ANGELES CA 9	0017			1st Mo.	2nd Mo. 3rd Mo.
			L		
B. Check this box if you are reporting Ol Report Personal Income Tax (PIT) W	NLY Voluntary Plan Disability ages and PIT Withheld, if app	Insurance wages on this paropriate. (See instructions	age. for Item B.) C. NO F	PAYROLL	
D. SOCIAL SECURITY NUMBER	E. EMPLOYEE NAME (FIRE	ST NAME)	(M.I.) (LAST NAME)		
562 74 0840	RONALD	IK)	P COLCOL		
F. TOTAL SUBJECT WAGES	ELLEILI.	G. PITAVAGES	66	<u>H.</u>	PIT WITHHELD
L15 191 04	000000000000000000000000000000000000000	14 279 5	8	[3	59 64
D. SOCIAL SECURITY NUMBER	E. EMPLOYEE NAME (FIRS	ST NAME)	(N.I.) (LAST NAME)	TITI	
570 75 9617 F. TOTAL SUBJECT WAGES	JUSTIN	G. PIT WAGES	T WEISS		PIT WITHHELD
19 500 00		Successful and a superior	0	1	
D. SOCIAL SECURITY NUMBER	E. EMPLOYEE NAME (F)RS		(M.I.) (LAST NAME)		
571 35 3676	HAROLD		BASTIA	N ()	100 C C C C C C C C C C C C C C C C C C
F. TOTAL SUBJECT WAGES		G. PITWAGES	L Continue de la Cont	mount Season	PIT WITHNELD
35 809 80	Annual control of the	LIIV	2	2	2 588 40
611 07 4963	E EMPLOYEE NAME (FIRS	ST NAME)	HWANG	TITI	
F. TOTAL SUBJECT WAGES	LALLE	G. PITWAGES		1 1 1 H.	PIT WITHHELD
16 016 00	AND THE PERSON NAMED IN COLUMN TO SERVICE AND THE SERVICE AND THE PERSON NAMED IN COLUMN TO SERVICE AND THE PERSON	16 016 0	0	8	197 94
D. SOCIAL SECURITY NUMBER	E. EMPLOYEE NAME (FIRS	ST NAME)	(M.I.) (LAST WAME)		and the same of th
611 09 0954	RACHEL	AND DESCRIPTION OF THE PROPERTY OF THE PROPERT	KABER .		
F. TOTAL SUBJECT WAGES 9 721 16		g. PITWAGES 9 721 16			PIT WITHHELD 185-91
D. SOCIAL SECURITY NUMBER	E. EMPLOYEE NAME (FIRE		(M.I.) (LAST NAME)	J- }-	ALT III
613 90 7349	JIN		Y CUI		N L
F. TOTAL SUBJECT WAGES		6 635 50		H.	PIT WITHHELD
6 635 50	AND			L	.31 92
D. SOCIAL SECURITY NUMBER	E. EMPLOYEE NAME (FIRE	ST NAME)	(M.I.) (LAST NAME) J SANZ		
	LITI	O DITWACES			DI WITHELD
F. TOTAL SUBJECT WAGES 12 480 00 L	THE STATE OF THE S	12 480 0	0	5	PIT WITHHELD 2006 5 64
I. TOTAL SUBJECT WAGES THIS PAG		J. TOTAL PIT WAGES TI	JE DAGE		TAL PIT WITHHELD THIS PAGE
115 353 50	realization of the second		86		943 85
		LII,II			
L. GRAND TOTAL SUBJECT WAGES	M. C	BRAND TOTAL PIT WAGE	S	N. GRAND	TOTAL PIT WITHHELD
	and the second				
O. I declare that the information her	rein is true and correct t	to the best of my know	wledge and belief.		
Disease Promised					Dete
Signature Required	Title		Phone ()		Date







QUARTERLY CONTRIBUTION

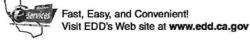


RETURN AND REPORT OF WAGES (CONTINUATION) REMINDER: File your DE 9 and DE 9C together. You must FILE this report even if you had no payroll. If you had no payroll, Organized litems C and 01 02 10 DELINQUENTIF DELINQUENT IF 01 31 10 NOT POSTMARKED 12 31 QUARTER ENDED OR RECEIVED BY ZIU/ /2012/4/01785 EMPLOYER ACCOUNT NO /005/03/LZIU 3|6 8685 DO NOT ALTER THIS AREA P1 C тП S N W A N EFFECTIVE DATE Day DOWNTOWN CENTER BUSINESS IMPROVEMENT DISTRICT A. EMPLOYEES full-time and part-time who worked during or received pay subject to UI for the payroll period which includes the 12th of the month. 626 WILSHIRE BLVD #200 LOS ANGELES CA 90017 B. Check this box if you are reporting ONLY Voluntary Plan Disability Insurance wages on this page.

Report Personal Income Tax (PIT) Wages and PIT Withheld, if appropriate. (See instructions for Item B.) C. NO PAYROLL D. SOCIAL SECURITY NUMBER E. EMPLOYEE NAME (FIRS (M.I.) (LAST NAME) 535 60 2768 DIANNA ANDERSON F. TOTAL SUBJECT WAGES G PIT MAGES H. PIT WITHHELD 7 487 08 17 91 7 487 D. SOCIAL SECURITY NUMBER E. EMPLOYEE NAME (FIRST NAME) (N.I.) (LAST, NAME) 547 67 4800 EILEEN OCONNELL F. TOTAL SUBJECT WAGES G. PIT WAGES H. PIT WITHHELD 8 464 93 8 379 02 222 13 D. SOCIAL SECURITY NUMBER E. EMPLOYEE NAME (F)RST NAME) (M.I.) (LAST NAME) 547 77 2224 LETICIA OROZCO F. TOTAL SUBJECT WAGES G. PITWAGES PIT WITHHELD 261 13 261 26 13 26 431 28 D. SOCIAL SECURITY NUMBER (LAST NAME) E. EMPLOYEE NAME (FIRST NAME) 548 53 9033 PANG HERMAN F. TOTAL SUBJECT WAGES G. PIT WAGES H. PIT WITHHELD 23 250 00 21 390 00 764 48 (M.I.) (LAST NAME) D. SOCIAL SECURITY NUMBER E. EMPLOYEE NAME (FIRST NAME) 555 85 9090 JACOB HOLLOWAY TOTAL SUBJECT WAGES PIT WAGES H. PIT WITHHELD 879 73 16 099 65 16 099 65 (M.I.) (LAST NAME 558 17 5643 MICHAEL CLARK 289 TOTAL SUBJECT WAGES 48 (M.I.) (LAST NAME)
YANEZ E. EMPLOYEE NAME (FIRST NAME) 558 85 5406 JOHN TOTAL SUBJECT WAGES WAGES 210 1 122 4 TOTAL SUBJECT WAGES THIS PAGE TOTAL PIT WAGES THIS PAGE K. TOTAL PIT WITHHELD THIS PAGE 118 656 61 108 116 96 4 349 29 M. GRAND TOTAL PIT WAGES GRAND TOTAL PIT WITHHELD L. GRAND TOTAL SUBJECT WAGES O. I declare that the information herein is true and correct to the best of my knowledge and belief.



Signature Required



(Owner, Accountant, Preparer, etc.) Phone () _

MAIL TO: State of California / Employment Development Department / P.O. Box 989071 / West Sacramento CA 95798-9071

Title_



QUARTERLY CONTRIBUTION RETURN AND REPORT OF WAGES

1	_
	-

State of California	(CON	(INUATION			
Page number of You m	REMINDER: File you ust FILE this report ever	ur DE 9 and DE 9C	together.		YR QTR
12 31 Ogmple	ete Items C and 01	02 10	DELINQUENT IF 01	31 10	b 9 4
QUARTER ENDED			NOT POSTMARKED		
ZIU/ /2012/4/	01785		OR RECEIVED BY		EMPLOYER ACCOUNT NO.
/005/03/LZIU	01/05				436 8685 6
700370371210					[#30 abd2 d
					DO NOT ALTER THIS AREA
				P1	□ c□ t□ s□ w□ A□
					Mo. Day Yr. WIC
	D.110.T.11T.00				
DOWNTOWN CENTER					
IMPROVEMENT DIST				or receive	EES full-time and part-time who worked during d pay subject to UI for the payroll period which
626 WILSHIRE BLV	•••				the 12th of the month.
LOS ANGELES CA 9	0017			1st Mo.	2nd Mo. 3rd Mo.
			L		
B. Check this box if you are reporting ON Report Personal Income Tax (PIT) Wa				PAYROLL	
D. SOCIAL SECURITY NUMBER	E. EMPLOYEE NAME (FIR	ST NAME)	(M.I.) (LAST NAME)		
562 74 0840	RONALD	K.III	P COLCOL		DOUGH STORY
F. TOTAL SUBJECT WAGES		JG. PITA AGES	66		H. PIT WITHHELD
L15 191 04	WANTED TO THE PERSON NAMED IN COLUMN	14 279 5	8	6 6 1	359 64
D. SOCIAL SECURITY NUMBER	E. EMPLOYEE NAME (FIRE	ST NAME)	(N(I.) (LAST NAME)	TITI	
570 75 9617	JUSTIN		T WELSS		
F. TOTAL SUBJECT WAGES		G. PIT WAGES		p ilonen ekonomikoa antakoa antakoa. Maria	H. PIT WITHHELD
19 500 00		19 500 0	0		1 014 40
D. SOCIAL SECURITY NUMBER	E. EMPLOYEE NAME (F)R	T NAME)	(M.I.) (LAST NAME)	1	Annual Sanara Sanar
571 35 3676	HAROLD		BASTIAN	4	
F. TOTAL SUBJECT WAGES		G. PITWAGES		1 A	PIT WITHHELD
35 809 80	MANAGE CONTRACTOR OF THE PERSON OF THE PERSO	33 658 6	2	1 1 1	2 588 40
D. SOCIAL SECURITY NUMBER	E. EMPLOYEE NAME (FIR	STNAME	(N) (LAST NAME)		
611 07 4963	CONNIE	A COLUMN	HWANG		
F. TOTAL SUBJECT WAGES	Lilli	G. PIT WAGES		lill.	H. PIT WITHHELD
16 016 00		16 016 0	0 10	-	897 94
D. SOCIAL SECURITY NUMBER	E. EMPLOYEE NAME (FIR	STNAME	(M.I.) (LAST NAME)		
611 09 0954	RACHEL		KABER -		
F. TOTAL SUBJECT WAGES	1	G. PIT WAGES		H, I	H. PIT WITHHELD
9 721 16		9 721 16			385 91
D. SOCIAL SECURITY NUMBER	E CHOLE TO THE	NAME	(MI) (LACTIVALE)	· · ·	
613 90 7349	JIN	NAME	Y CUI	TITI	
		WED			41
F. TOTAL SUBJECT WAGES	THE	6 635 50		6 6 1	131 92
	E. EMPLOYEE NAME (FIR		(M.I.) (LAST NAME)	1	
D. SOCIAL SECURITY NUMBER	JUAN	SI NAME)	J SANZ	TITT	
L					
F. TOTAL SUBJECT WAGES	TITT	12 480 0			1. PIT WITHHELD 565 64
	The same of the sa	LTLL			
I. TOTAL SUBJECT WAGES THIS PAGE		J. TOTAL PIT WAGES TH	IS PAGE) [K	TOTAL PIT WITHHELD THIS PAGE
115 353 50		112 290	consistent formation for the first		5 943 85
	Alexander and a second a second and a second a second and	FIIIŽI	<u> </u>	1	
L. GRAND TOTAL SUBJECT WAGES	М. С	GRAND TOTAL PIT WAGES		N. GRA	AND TOTAL PIT WITHHELD
O I dealers that the information has	LULI L	A L A L	dodos on d ballar	I Some	
O. I declare that the information here	ein is true and correct t	o trie dest of my know	neuge and belief.		
Signature Required	Title		Phone ()		Date







QUARTERLY CONTRIBUTION



Department State of California		REPORT OF WA	AGES		
Page number of You 12 31 0'9' QUARTER ENDED ZIU/ /2012/4 /005/03/LZIU	must FILE this report ew nplete Items C and 01 DUE	NOT			PAPLOYER ACCOUNT NO. 36 8685 6
DOWNTOWN CENTER IMPROVEMENT DIS 626 WILSHIRE BL LOS ANGELES CA	TRICT VD #200			DO NOT ALTEI P1 C T T EFFECTIVE DATE Mo. Day Yr. A. EMPLOYEES full-time and part- or received pay subject to UI for tincludes the 12th of the month. 1st Mo. 2nd Mo.	S W A WIC
B. Check this box if you are reporting Report Personal Income Tax (PIT)		ty Insurance wages on this page. ppropriate. (See instructions for Item	B.) C. NO PAYR	ROLL	
D. SOCIAL SECURITY NUMBER 535 60 2768 F. TOTAL SUBJECT WAGES	E. EMPLOYEE NAME (FI	G PIT AGES	(LAST NAME) ANDERSON	H. PIT WITHHELD	
D. SOCIAL SECURITY NUMBER 547 67 4800 F. TOTAL SUBJECT WAGES	E. EMPLOYEE NAME (FI		(LASTINALE) 1 O CONNEL	17 91 L	
8 464 93 D. SOCIAL SECURITY NUMBER	E. EMPLOYEE NAME (F)	8 379 02) (LAST NAME)	222 13	
547 77 2224 F. TOTAL SUBJECT WAGES	LETICIA	G. PITWAGES	OROZCO	H. PIT WITH MELD	
13_261_26	E. EMPLOYEE NAME (FI	13 261 26) (LAST NAME)	431 58	
548 \$3 9033 F. TOTAL SUBJECT WASES 23 250 00	HERMAN	a. PITWAGES 21 390 00	PANG	н. РП WПННЕLD 764 48	
D. SOCIAL SECURITY NUMBER 555 85 9090	JACOB		HOLLOWAY		
F. TOTAL SUBJECT WAGES		16 099 65		879 73	
D. SOCIAL SECURITY NUMBER 558 17 5643	E EMPLOYEE NAME (FI MICHAEL		(LAST NAME) G CLARK		7
F. TOTAL SUBJECT WAGES 31 883 22	The second secon	23 289 48		911 05 L	
D. SOCIAL SECURITY NUMBER 558 85 5406	E. EMPLOYEE NAME (FI JOHN L		YANEZ		
18 210 47		G. PIT WAGES 18 210 47 L		н ріт wітінець 1 122 4 L	1
1 118 656 61	AGE	J. TOTAL PIT WAGES THIS PAG 108 116 96	E	K TOTAL PIT WITHHELD	same and a second
L. GRAND TOTAL SUBJECT WAGES	N	. GRAND TOTAL PIT WAGES		N. GRAND TOTAL PIT WITH	HELD
O. I declare that the information h	erein is true and correc	t to the best of my knowledge	e and belief.		



Signature Required





QUARTERLY CONTRIBUTION



RETURN AND REPORT OF WAGES (CONTINUATION) REMINDER: File your DE 9 and DE 9C together. You must FILE this report even if you had no payroll. If you had no payroll, Ogniete Items C and O 1 02 10 DELINQUENT IF DELINQUENT IF 01 31 10 QUARTER NOT POSTMARKED OR RECEIVED BY **ENDED** /2012/4/01785 EMPLOYER ACCOUNT NO ZIU/ /005/03/LZIU DO NOT ALTER THIS AREA P1 C T S W EFFECTIVE DATE Day DOWNTOWN CENTER BUSINESS A. EMPLOYEES full-tim IMPROVEMENT DISTRICT or received pay subject to UI for the payroll period which includes the 12th of the month. 626 WILSHIRE BLVD #200 LOS ANGELES CA 90017 B. Check this box if you are reporting <u>ONLY</u> Voluntary Plan Disability Insurance wages on this page.

Report Personal Income Tax (PIT) Wages and PIT Withheld, if appropriate. (See instructions for Item B.) C. NO PAYROLL D. SOCIAL SECURITY NUMBER E. EMPLOYEE NAME (FIRST (M.I.) (LAST NAME) 616 22 1465 KENNETH NAKANO F. TOTAL SUBJECT WAGES G PITWAGES H. PIT WITHHELD 23 073 36 23 073 36 1 137 12 D. SOCIAL SECURITY NUMBER E. EMPLOYEE NAME (FIRST NAME) ALEX STETTINSKI 619 32 1765 F. TOTAL SUBJECT WAGES G. PIT WAGES H. PIT WITHHELD 1 656 84 23 737 50 26 100 00 E. EMPLOYEE NAME (F)P (M.I.) (LAST NAME D. SOCIAL SECURITY NUMBER F. TOTAL SUBJECT WAGES G. PITWAGES D. SOCIAL SECURITY NUMBER E. EMPLOYEE NAME (FIRST NAME (LAST NAME) F. TOTAL SUBJECT WAGES G. PIT WAGES H. PIT WITHHELD D. SOCIAL SECURITY NUMBER E. EMPLOYEE NAME (FIRST NAME) F. TOTAL SUBJECT WAGES G. PIT WAGES H. PIT WITHHELD E. EMPLOYEE NA D. SOCIAL SECURITY NUMBER (M.I.) (LAST NAME) F. TOTAL SUBJECT WAGES D. SOCIAL SECURITY NUMBER E. EMPLOYEE NAME (FIRST NAME) MI.) (LAST NAME) F. TOTAL SUBJECT WAGES H. PIT WITHHELD G. PIT WAGES I. TOTAL SUBJECT WAGES THIS PAGE J. TOTAL PIT WAGES THIS PAGE K. TOTAL PIT WITHHELD THIS PAGE 49 173 36 46 810 86 2 793 96 GRAND TOTAL PIT WITHHELD L. GRAND TOTAL SUBJECT WAGES M. GRAND TOTAL PIT WAGES O. I declare that the information herein is true and correct to the best of my knowledge and belief.



Signature Required



(Owner, Accountant, Preparer, etc.)

MAIL TO: State of California / Employment Development Department / P.O. Box 989071 / West Sacramento CA 95798-9071

Title_

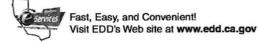


QUARTERLY CONTRIBUTION EDD Employment Development Department RETURN AND REPORT OF WAGES (CONTINUATION) State of Calipornia REMINDER: File your DE 9 and DE 9C together.
You must FILE this report even if you had no payroll. If you had no payroll,
12 31 Ogmolete Items C and 01 02 10 DELINQUENT IF DELINQUENTIF 01 31 10 QUARTER NOT POSTMARKED **ENDED** OR RECEIVED BY ZIU/ /2012/4/01785 /005/03/LZIU 36 8685 DO NOT ALTER THIS AREA P1 C T S W A EFFECTIVE DATE WIC. DOWNTOWN CENTER BUSINESS EMPLOYEES full-time and part-time IMPROVEMENT DISTRICT or received pay subject to UI for the payroll period which includes the 12th of the month. 626 WILSHIRE BLVD #200 LOS ANGELES CA 90017 B. Check this box if you are reporting <u>ONLY</u> Voluntary Plan Disability Insurance wages on this page.

Report Personal Income Tax (PIT) Wages and PIT Withheld, if appropriate. (See instructions for Item B.) C. NO PAYROLL D. SOCIAL SECURITY NUMBER E. EMPLOYEE NAME (FIRST NAME) (M.I.) (LAST NAME) 562 74 0840 RONALD P COLCOL F. TOTAL SUBJECT WAGES H. PIT WITHHELD G PITAWAGES 15 191 04 14 279 359 64 D. SOCIAL SECURITY NUMBER E. EMPLOYEE NAME (FIRST NAME) JUSTIN 570 75 9617 WELSS F. TOTAL SUBJECT WAGES H. PIT WITHHELD G. PIT WAGES 19 500 00 19 500 00 1 014 40 E. EMPLOYEE NAME (F) PST NAME) D. SOCIAL SECURITY NUMBER (M.I.) (LAST NAME) 571 35 3676 HAROLD BASTIAN 2 588 40 F. TOTAL SUBJECT WAGES **6**58 62 35 809 80 D. SOCIAL SECURITY NUMBER (LAST NAME) EMPLOYEE NAME (FIRST NAME 611 97 4963 CONNIE HWANG F. TOTAL SUBJECT WAGE G. PIT WAGES PIT WITHHELD 16 016 00 897 94 16 016 00 (MIL) (LAST NAME D. SOCIAL SECURITY NUMBER E. EMPLOYEE NAME (FIRST NAME) KABER 611 09 0954 RACHEL TOTAL SUBJECT WAGES G. PIT WAGES 9 721 16 721 16 385 91 (M.I.) (LAST NAME) SOCIAL SECURITY NUMBER wages 635 50 E. EMPLOYEE NAME (FIRST NAME) (M.I.) (LAST NAME SANZ 613 92 7601 JUAN 12 480 00 12 480 00 H. PIT WITHHELD 565 64 K. TOTAL PIT WITHHELD THIS PAGE I. TOTAL SUBJECT WAGES THIS PAGE J. TOTAL PIT WAGES THIS PAGE 112 290 86 115 353 50 5 943 85 GRAND TOTAL PIT WITHHELD M. GRAND TOTAL PIT WAGES L. GRAND TOTAL SUBJECT WAGES



Signature Required



(Owner, Accountant, Preparer, etc.)

MAIL TO: State of California / Employment Development Department / P.O. Box 989071 / West Sacramento CA 95798-9071

O. I declare that the information herein is true and correct to the best of my knowledge and belief.

Title



QUARTERLY CONTRIBUTION RETURN AND REPORT OF WAGES (CONTINUATION)



State of Calizornia		INUATION)			
Page number of You mu	REMINDER: File you st FILE this report even it	you had no payroll. If	you had no payroll,		YR QTR
QUARTER 12 31 0°9 ^{mple}	te Items C and 61	2 10	DELINQUENT IF 01 NOT POSTMARKED	31 10	pg 4
ENDED /2012/4/0	DUE)1785		OR RECEIVED BY		EMPLOYER ACCOUNT NO.
/005/03/LZIU	, _ , 0 0				436 8685 6
					DO NOT ALTER THIS AREA
				P	1
					Mo. Day Yr. WIC
DOWNTOWN CENTER E	BUSINESS				
IMPROVEMENT DISTR				or receive	EES full-time and part-time who worked during ed pay subject to UI for the payroll period which
626 WILSHIRE BLVI LOS ANGELES CA 90				includes 1st Mo.	the 12th of the month. 2nd Mo. 3rd Mo.
LUD PRIGHTHOU CA 90			П		
			الطا		
B. Check this box if you are reporting ON Report Personal Income Tax (PIT) Wag	<u>LY</u> Voluntary Plan Disability In ges and PIT Withheld, if appro	surance wages on this pa priate. (See instructions f	ge. or Item B.) C. NO P.	PAYROLL	
	E. EMPLOYEE NAME (FIRST	NAME	(M.I.) (LAST NAME)	\$ 1 Y 1	
535 60 2768	DIANNA	KI, III	ANDERSO	N	
F. TOTAL SUBJECT WAGES		7 487 08		1	17 91
	E. EMPLOYEE NAME (FIRST	- I A Y	(N(L) (LAST NAME)		
547 67 4800	ELLEEN		M O CONNE	LL	
F. TOTAL SUBJECT WAGES		g. PIT WAGES 8 379 02		1	H. PIT WITHHELD
	E. EMPLOYEE NAME (F)PST		(M.I.) (LAST NAME)	1 1	
547 77 2224	LETICIA		OROZCO		
F. TOTAL SUBJECT WAGES		G. PITWAGES 13 2/61 2		1	A 21 F.S
	E. EMPLOYEE NAME (FIRST		(LAST NAME)		1237 36 1
548 53 9033	HERMAN		PANG	AND THE PERSON NAMED IN COLUMN 1	N, L
F. TOTAL SUBJECT WAGES		G. PIT WAGES		-a11 -7	H. PIT WITHHELD
D. SOCIAL SECURITY NUMBER	E. EMPLOYEE NAME (FIRST	21 390 0	(M.I.) (LAST NAME)		764 48
555 85 9090	JACOB	IVANC)	C HOLLOW	Y	
F. TOTAL SUBJECT WAGES		G. PIT WAGES		LK)	H. PIT WITHHELD
16 099 65		16 099 6			879 73
558 17 5643	E. EMPLOYEE NAME (FIRST	NAME	(MI.) (LAST NAME) G CLARK	No. of the last	
F. TOTAL SUBJECT WAGES 31 883 22		23 289 4			H, PIT WITHHELD
					H, PIT WITHHEED 911 05
D. SOCIAL SECURITY NUMBER	E. EMPLOYEE NAME (FIRST	NAME)	(M.I.) (LAST NAME) YANEZ		
	L	G. PIT WAGES			H, PIT WITHHELD
F. TOTAL SUBJECT WAGES 18 210 47		18 210 4 L	7		H PITWITHELD 2 1 122 41 L
I. TOTAL SUBJECT WAGES THIS PAGE	J	. TOTAL PIT WAGES TH	S PAGE] [к	TOTAL PIT WITHHELD THIS PAGE
118 656 61	Control of the Contro	3 - 1 - 1 - 1 - 1	96] -	4 349 29
L. GRAND TOTAL SUBJECT WAGES	M CC	RAND TOTAL PIT WAGES		N CB	AND TOTAL PIT WITHHELD
S. S	m. Gr	I I I I I I I I I I I I I I I I I I I		1 9	
O. I declare that the information here	in is true and correct to	the best of my know	ledge and belief.	l limb	
Signature Required	Title		Phone ()		Date







/005/03/LZIU

QUARTERLY CONTRIBUTION RETURN AND REPORT OF WAGES (CONTINUATION)



QUARTER ENDED

ZIU/

REMINDER: File your DE 9 and DE 9C together. You must FILE this report even if you had no payroll. If you had no payroll, 12 31 Ogniete Items C and O1 02 10 DELINQUENT IF

DELINQUENT IF 01 31 10 NOT POSTMARKED OR RECEIVED BY

FMPLOVER ACCOUNT NO

DOWNTOWN CENTER BUSINESS IMPROVEMENT DISTRICT

626 WILSHIRE BLVD #200 LOS ANGELES CA 90017

/2012/4/01785

DO NOT ALTER THIS AREA P1 C T s | w | A. EMPLOYEES full-tim or received pay subject to UI for the payroll period which includes the 12th of the month.

SOCIAL SECURITY NUMBER	E. EMPLOYEE NAME (F	IRST NAME) (M.I.) (LAST NAME)	
562 74 0840	RONALD	H COLCOL	
F. TOTAL SUBJECT WAGES	many and processing	G PIT VAGES	H. PIT WITHHELD
L15 191 04	And	14 279 5/8	359 64
SOCIAL SECURITY NUMBER	E. EMPLOYEE NAME (F	IRST NAME) (N.I.) (LAST NAME)	and the second s
570 75 9617	JU STIN	T WEISS	
F. TOTAL SUBJECT WAGES	TUZ	G. PIT WAGES	H. PIT WITHHELD
19 500 00		19 500 00	1 014 40
SOCIAL SECURITY NUMBER	E. EMPLOYEE NAME (F	PST NAME) (M.I.) (LAST NAME)	
571 35 3676	HAROLD	BASTIAN	According to the second
F. TOTAL SUBJECT WAGES		G. PITWAGES	A PIT WITHHELD
35_809 80		33 658 62	2 588 40
SOCIAL SECURITY NUMBER	E. EMPLOYEE NAME (F	and and an advantage of party produced and an advantage of the second	
611 97 4963	CONNIE	HWANG	
F. TOTAL SUBJECT WAGES		G. PITWAGES	H. PIT WITHHELD
16 016 00	Market and Aller	16 016 00	897 94
SOCIAL SECURITY NUMBER	E. EMPLOYEE NAME (F	resident adversariation of constitution of the second seco	The state of the s
611 09 0954	RACHEL	KABER	
F. TOTAL SUBJECT WAGES		G. PITWAGES	H. PIT WITHHELD
9 721 16		9 721 16	4 385 91
SOCIAL SECURITY NUMBER	E. EMPLOYEE NAME (F		
613 90 7349	JIN	(()) Y CUI	4 N
F. TOTAL SUBJECT WAGES		S. PITWAGES	н рет with не со
6 635 50		6 635 50	131 92
SOCIAL SECURITY NUMBER	E. EMPLOYEE NAME (F		
613 92 7601	JUAN	J SANZ	CONTRACTOR OF THE PROPERTY OF
F. TOTAL SUBJECT WAGES	and and benefit and	G. PIT WAGES 12 480 00	H. PIT WITHHELD 565 64
12 480 00	100	12 480 00	363 64
	lann radion and the count to account		Secret many bases (second second seco
1 15 353 50	AGE	J. TOTAL PIT WAGES THIS PAGE	K. TOTAL PIT WITHHELD THIS PAGE
113 333 30		112 290 86	5 943 85
GRAND TOTAL SUBJECT WAGES		I. GRAND TOTAL PIT WAGES	N. GRAND DOTAL PIT WITHHELD
i deciare that the information i	nerein is true and correc	t to the best of my knowledge and belief.	



